

WIA TITLE IB PROGRAM

ELIGIBILITY AND VERIFICATION CHECKLIST

CRITERIA	ACCEPTABLE VERIFICATION AND DOCUMENTATION	YOUTH	ADULT	DW
DATE OF BIRTH/AGE VERIFICATION Validation <input type="checkbox"/> Documentation <u>MUST</u> be in file	<input type="checkbox"/> Baptismal Record (if date of birth is shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214, Report of Transfer or Discharge Paper <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Federal, State or Local Government ID Card <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance/Social Service Agency Records <input type="checkbox"/> School Records/Identification Card <input type="checkbox"/> Tribal Records <input type="checkbox"/> Work Permit <input type="checkbox"/> Cross Match with Dept. of Vital Statistics Adults/DW/NEG Exiters who received self-services only: <input type="checkbox"/> WIA Applicant Statement w/ corroborating witness signature is acceptable documentation. Adults/DW/NEG Exiters who received staff-assisted core services only (not intensive or training services): <input type="checkbox"/> Hard or electronic case notes which reflect that the client has shown proof of age, and should include, for example, the driver's license number or other uniquely identifiable information of the document is acceptable documentation.	X	X	X
CITIZENSHIP OR ELIGIBLE TO WORK <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A All documents must be unexpired.	<input type="checkbox"/> Baptismal Certificate with Place of Birth <input type="checkbox"/> One verification source from List A (I-9 form/listed below) <input type="checkbox"/> One verification source from List B AND one verification source from List C (http://www.uscis.gov/sites/default/files/files/form/i-9.pdf) <input type="checkbox"/> DD-214, Report of Transfer or Discharge (if place of birth is shown) <input type="checkbox"/> Day-Care or Nursery School Record	X	X	X
SELECTIVE SERVICE STATUS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Telephone Verification (1-847-688-6888) <input type="checkbox"/> DD-214 Report of Transfer or Discharge <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> Selective Service Verification Form <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> Internet www.sss.gov <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Advisory Opinion Letter <input type="checkbox"/> Selective Service Registration w/WIA <input type="checkbox"/> Exempted based on Selective Service Guidance <input type="checkbox"/> Not Applicable	X	X	X

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INDIVIDUAL STATUS/FAMILY SIZE <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Court Decree <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Disabled (Family of 1) <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease (if family size is given) <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Public Assistance/Social Service Agency Records <input type="checkbox"/> Public Housing Authority (if resident or on waiting list) <input type="checkbox"/> Written Statement from Publicly Supported 24 Hour Facility <input type="checkbox"/> Social Security Card issued by SSA <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Most recent tax return	X	X	
INDIVIDUAL/FAMILY INCOME Validation <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Alimony Agreement <input type="checkbox"/> WIA Applicant Statement w/ Corroborating Witness Signature <input type="checkbox"/> Award Letter from Veterans Administration <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Pension/Annuity Statement <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Quarterly Estimated Tax for Self Employed Persons <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> UI Documents and/or Printout <input type="checkbox"/> Local WIA does not verify income <input type="checkbox"/> Bank Statements Adults exiters who received only core services (not intensive or training services): <input type="checkbox"/> State MIS, <input type="checkbox"/> WIA Applicant Statement w/ corroborating witness signature, or <input type="checkbox"/> Case notes are acceptable documentation.	X	X	

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ADDRESS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A Documentation must be current.	<input type="checkbox"/> WIA Applicant Statement with Corroborating Witness Signature <input type="checkbox"/> Computer Print-out from Government Agency <input type="checkbox"/> Food Stamp Award Letter <input type="checkbox"/> Homeless - Primary Nighttime Residence <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Insurance Policy (Residence & Auto) <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease <input type="checkbox"/> Letter from Social Service Agency or School <input type="checkbox"/> Library Card <input type="checkbox"/> Local WIA Does Not Verify Address <input type="checkbox"/> Medicaid/Medicare Card <input type="checkbox"/> Phone Directory <input type="checkbox"/> Postmarked Mail Addressed to Applicant <input type="checkbox"/> Property Tax Record <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Rent Receipt <input type="checkbox"/> School Identification Card <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Utility Bill <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Driver's License/State ID	X	X	X
SOCIAL SECURITY NUMBER Validation <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> DD-214 Report of transfer or discharge <input type="checkbox"/> Letter from Social Services Agency <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Social Security Benefits Letter/Notice <input type="checkbox"/> Social Security Card issued by SSA <input type="checkbox"/> Unemployment Insurance Records <input type="checkbox"/> Pay Stub <input type="checkbox"/> W-2 <input type="checkbox"/> Pseudo	X	X	X
INDIVIDUALS WITH DISABILITIES <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A If an individual declares a disability, including Learning Disabilities, for 5% Non-Economically Disadvantaged Youth.	<input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency <input type="checkbox"/> Medical Records <input type="checkbox"/> Physician's Statement <input type="checkbox"/> Psychiatrist's Statement <input type="checkbox"/> Psychologist's Diagnosis <input type="checkbox"/> Rehabilitation Evaluation <input type="checkbox"/> School Records <input type="checkbox"/> Sheltered Workshop Certification	X	X	

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	<input type="checkbox"/> Social Security Administration Disability Records <input type="checkbox"/> Social Service Records/Referral <input type="checkbox"/> Veteran's Administration Letter/Records <input type="checkbox"/> Vocational Rehabilitation Letter <input type="checkbox"/> Workers' Compensation Record			
VETERAN STATUS OR SPOUSE OF A VETERAN <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> DD-214 <input type="checkbox"/> Cross Match with Veterans Data Spouse of a Veteran: <input type="checkbox"/> Cross Match with Veterans Data <input type="checkbox"/> Military document (ID, other DD Form) indicating dependent spouse <input type="checkbox"/> Documentation (such as DD214) that indicates status of veteran that meets the requirement for "spouse of a veteran." Adults/DW/NEG exiters who received only core services (not intensive or training services): <input type="checkbox"/> State MIS, <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature, or <input type="checkbox"/> Case notes are acceptable documentation.	X	X	
EMPLOYMENT STATUS AT PARTICIPATION <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Pay Stub <input type="checkbox"/> Case Notes showing information collected from participant Adults/DW/NEG exiters who received only core services (not intensive or training services): <input type="checkbox"/> State MIS, <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature, or <input type="checkbox"/> Case notes are acceptable documentation.	X	X	X
UI COMPENSATION PROGRAMS <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> UI Records (benefit history, wage, record, letter)	X	X	

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TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Cross-Match with TANF Public Assistance Records Individual applying must be listed on current grant. Adults/DW/NEG exiters who received only core services (not intensive or training services): <input type="checkbox"/> State MIS, <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature, or <input type="checkbox"/> Case notes are acceptable documentation.	X	X	
OTHER PUBLIC ASSISTANCE RECIPIENT <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A Note: If the applicant is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: A. General Assistance - state/local government B. Refugee Cash Assistance (RCA) C. Nutrition Assistance (formerly Food Stamp Program) D. Supplemental Security Income (SSI/SSA Title XVI) Note: Does not include foster care payments.	A. General Assistance <input type="checkbox"/> Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Agency Award Letter <input type="checkbox"/> Cross-Match with Public Assistance Database Individual applying must be listed on current grant or show dates of eligibility for benefits B. Refugee Cash Assistance <input type="checkbox"/> Refugee Assistance Records/Printout <input type="checkbox"/> Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Cross-Match with Public Assistance Database <input type="checkbox"/> Agency Award Letter C. Nutrition Assistance (formerly Food Stamp Program) <input type="checkbox"/> Tribal Commodity Program Records/Printout <input type="checkbox"/> Public Assistance Records/Printouts <input type="checkbox"/> Cross-Match with Public Assistance Database <input type="checkbox"/> Agency Award Letter Individual applying must be listed on current grant or show dates of eligibility within previous 6 months for benefits. D. Supplemental Security Income <input type="checkbox"/> Authorization to Receive Cash Public Assistance	X	X	

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	<input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Agency Award Letter <input type="checkbox"/> Cross-Match with Public Assistance Database Adults/DW/NEG exiters who received only core services (not intensive or training services): <input type="checkbox"/> State MIS, <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature, or <input type="checkbox"/> Case notes are acceptable documentation.			
PELL GRANT <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Copy of Check <input type="checkbox"/> Letter from School <input type="checkbox"/> Student Aid Report	X	X	X
DISPLACED HOMEMAKER <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A Note: May also include, an individual providing unpaid services to family members dependent on their income no longer supported by that income. (Public law 105 Section 101.10)	<input type="checkbox"/> Bank Records <input type="checkbox"/> Court Records <input type="checkbox"/> Divorce Papers <input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Spouse's Layoff Notice <input type="checkbox"/> Spouse's Death Certificate <input type="checkbox"/> WIA Applicant Statement w/Corroborating Witness Signature DW/NEG exiters who received only core services (not intensive or training services): <input type="checkbox"/> State MIS, <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature, or <input type="checkbox"/> Case notes are acceptable documentation.			X
DATE OF DISLOCATION <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Notice of Layoff <input type="checkbox"/> Public Announcement with Follow-up Cross-Match with UI System <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Verification from Employer <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature			X
HOMELESS INDIVIDUAL OR RUNAWAY YOUTH <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Written Statement from a Shelter or Social Service Agency <input type="checkbox"/> Written Statement from an Individual Providing Temporary Residence <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIA Application (signed by applicant)	X	X	X
OFFENDER	<input type="checkbox"/> Documentation from Juvenile or Adult Criminal Justice System	X	X	X

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	<input type="checkbox"/> Documentation phone call with court representatives <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIA Application (signed by applicant)			
PREGNANT OR PARENTING YOUTH <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Child's Baptismal Record <input type="checkbox"/> Case Notes regarding Observable Condition <input type="checkbox"/> Child's Birth Certificate <input type="checkbox"/> Doctor's Note Confirming Pregnancy <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature	X		
YOUTH WHO NEED ADDITIONAL ASSISTANCE <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Case Notes <input type="checkbox"/> Individual Service Strategy <input type="checkbox"/> See Local Area Policy and Plan <input type="checkbox"/> State MIS <input type="checkbox"/> WIA Applicant Statement w/Corroborating Witness Signature <input type="checkbox"/> WIA Application (signed by applicant)	X		
EDUCATION STATUS AT TIME OF PARTICIPATION <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<u>Enrolled at time of participation</u> <input type="checkbox"/> School Transcripts <input type="checkbox"/> Attendance Records <input type="checkbox"/> School Documentation <u>Out of School at time of participation</u> <input type="checkbox"/> GED Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Dropout Letter <input type="checkbox"/> WIA Applicant Statement w/corroborating witness signature <input type="checkbox"/> WIA Application (signed by applicant) <input type="checkbox"/> State MIS	X		
BASIC LITERACY SKILLS DEFICIENCY <input type="checkbox"/> Documentation <u>MUST</u> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> School Records <input type="checkbox"/> Standardized Assessment Test <input type="checkbox"/> Case Notes	X		